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| Case Number: | CM15-0023571 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 02/22/2012 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 75 year old male, who sustained an industrial injury on February 22, 2012. He has reported bilateral knee pain. The diagnoses have included osteoarthritis of the bilateral knees and bilateral knee pain. Treatment to date was documented as medications and use of a cane. A progress note dated October 14, 2014 indicates a chief complaint of continued bilateral knee pain. Physical examination showed moderate effusions of the knees, crepitus, decreased range of motion and an antalgic gait. The treating physician requested postoperative Celebrex 200 mg x 60, three day inpatient hospital stay, preoperative medical clearance, eighteen physical therapy visits, six physical therapy visits, six postoperative home nursing visits, postoperative cane, postoperative walker, CPM for twenty one days, postoperative Xeralto 10 mg x14, postoperative Norco 10 mg x 60, postoperative Oxycontin 20 mg x 28, assistant surgeon, and a right total knee arthroplasty. On February 6, 2015 Utilization Review certified the three day inpatient hospital stay, preoperative medical clearance, six physical therapy visits, postoperative cane, postoperative walker, CPM for twenty one days, postoperative Xeralto 10 mg x14, postoperative Norco 10 mg x 60, assistant surgeon, and a right total knee arthroplasty. Utilization Review partially certified the request for eighteen physical therapy sessions to 12 sessions, six postoperative home nursing visits to two visits, and postoperative Oxycontin to 10 mg x 28. Utilization Review denied the request for the postoperative Celebrex. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post op Celebrex 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.fda.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, NSAIDs, hypertension and renal function, Celecoxib Page(s): 68, 69, 70.

Decision rationale: There is GI risk with using traditional NSAIDs with concurrent use of anticoagulants. California MTUS chronic pain guidelines indicate that NSAIDs can increase blood pressure and cause fluid retention, edema, and rarely congestive heart failure. Cardiovascular risk is highest for Cox 2 agents such as Celebrex. The documentation indicates presence of significant cardiovascular issues for which the injured worker is taking furosemide, lisinopril and hydralazine. He is also taking omeprazole for gastrointestinal issues. In light of the cardiovascular risk, the request for the Celebrex is not supported. The postoperative request for OxyContin and Norco should be adequate for pain control. He has been certified for xeralto 10 mg daily for 14 days for deep vein thrombosis prophylaxis. Upon conclusion of that course, the proper choice of NSAID may be considered if desired along with the omeprazole, taking into consideration the cardiovascular risk factor. For osteoarthritis NSAIDs are recommended at the lowest dose for the shortest period for patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renovascular risk factors. There appears to be no difference between the traditional NSAIDs and Cox 2 NSAIDs in terms of pain relief. Cardiovascular risk occurs with all NSAIDs and is a class effect with Naprosyn being the safest route. The long-term use of Celebrex 200 mg per day for 60 days is not supported by guidelines for the aforementioned reasons and as such, the medical necessity of the request is not substantiated.